

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **14110**
2099

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>3 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		3408	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3016 WABASH</u>				d. STREET ADDRESS (If rural, give location) <u>3016 WABASH</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GERTRUDE</u>		b. (Middle) <u>COOPER</u>		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 20, 1953</u>	
5. SEX <u>3</u> <u>FEMALE</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>Apr. 29</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>UNOCCUPIED</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>HOMER LOUISIANA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>TOM GRISBY</u>		13b. MOTHER'S MAIDEN NAME _____		14. NAME OF HUSBAND OR WIFE <u>CLARENCE COOPER</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) _____	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clairde Ramsey</u>		ADDRESS <u>3016 Wabash</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. MEDICAL CERTIFICATION I, DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <u>Cerebral Vascular Accident</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> ANTECEDENT CAUSES <u>Hypertension</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331A</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>Aug 5, 1951</u> to <u>4/20, 1953</u> that I last saw the deceased alive on <u>4/19, 1953</u> and that death occurred at <u>2:15 p.m.</u> from the causes and on the date stated above.		23a. SIGNATURE <u>L.S. Daigle</u> (Degree or title) <u>M.D.</u> 23b. ADDRESS <u>2122 Truman Rd</u> 23c. DATE SIGNED <u>4/21/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APRIL 23, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LINCOLN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO.</u>	
DATE REC'D BY LOCAL REG. <u>4-21-53</u>		REGISTRAR'S SIGNATURE <u>Gertrude Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fannie E. Meek</u>		ADDRESS <u>Kansas City, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAY 8 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Fannie L. Meek

Licensed Embalmer No. 3818

P. O. Address Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.